

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: KIMBRO AFH II (0009677)
Address: 2016 WYOMING AVE, SUN PRAIRIE, WI 53590
License Status: REGULAR
Licensed/Certified/Registered 07/09/2002
Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094766 **End Date:** 04/01/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008159 Served 04/02/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS		

Survey ID: 0094128 **End Date:** 01/06/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008110 Served 02/17/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(a)	HOME ENVIRONMENT		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
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Adult Family Home

Survey ID: 0091572 End Date: 11/13/2003 Type: OTHER Purpose: VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007906 Served 11/22/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		

Survey ID: 0091066 End Date: 09/04/2003 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007857 Served 09/30/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	11/13/2003	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	11/13/2003	Yes
88.04(2)(a)	RESPONSIBILITIES		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	11/13/2003	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	11/13/2003	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	11/13/2003	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/13/2003	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	11/13/2003	Yes
88.10(2)	EXPLANATION OF RESIDENT RIGHTS	11/13/2003	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/13/2003	Yes

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Provider Inspection Summary
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Adult Family Home

Enforcement History

Date: 04/01/2005	SOD #10008159	Appealed: No
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Sanctions

COMPLY WITH REQUIREMENT

Date: 09/26/2003	SOD #10007857	Appealed: No
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Sanctions

NO NEW ADMISSIONS
PROVIDE TRAINING
OTHER SANCTION

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Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Complaint History

Date Complaint Received: 08/05/2003

Date Investigation Completed: 09/05/2003

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10007857

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